

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 1/5/04.

### **I. DISPUTE**

Whether there should be additional reimbursement for HCPCS E1399 (cervical pillow) for date of service 10/20/03.

### **II. RATIONALE**

The service in dispute is denied as, "M-Reduced to fair and reasonable".

The Requestor states, on the Table of Disputed Services, "We feel that we are due our full billed amount for the equipment provided to this patient. The carrier has incorrectly reviewed this claim and has paid this claim at a reduced rate. We have provided this carrier with examples of payments that were paid at fair and reasonable." There were no examples provided with the Medical Dispute.

The Carriers' position statement, dated 1/23/04, states, "The billing was reviewed according to the guidelines of the Official Medical Fee Schedule."

Commission Rule 133.307 (j)(F) states, "If the dispute involves health care for which the commission has not established a maximum allowable reimbursement, documentation that discusses, demonstrates, and justifies that the amount the respondent paid is a fair and reasonable rate of reimbursement in accordance with Texas Labor Code §413.011 and §§133.1 and 134.1 of this title." The Requestor has not provided any documentation that the amount paid was not fair and reasonable. Therefore, reimbursement is not recommended.

### **III. DECISION**

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 08th day of April 2004.

Terri Chance  
Medical Dispute Resolution Officer  
Medical Review Division

TC/tc